

Corres. and Mail
BOX AF

AF
Iw

MAIL STOP AF
AMENDMENT UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
GROUP ART UNIT 2853

00862.022501.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: L. Nguyen
KAZUNORI MASUDA, ET AL.)	
	:	Group Art Unit: 2853
Appln. No.: 10/646,847)	
	:	
Filed: August 25, 2003)	
	:	
For: PRINTING APPARATUS)	November 19, 2004

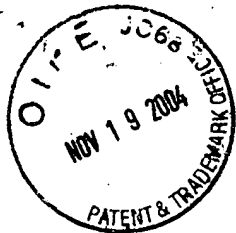
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

Introductory Comments

In response to the Official Action mailed August 19, 2004, the Examiner is respectfully requested to amend the above-identified application as follows.



MAIL STOP AF
AMENDMENT UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
GROUP ART UNIT 2853

In re Application of:

Docket No.: 00862.022501.1

KAZUNORI MASUDA, ET AL.

Application No.: 10/646,847

Examiner: L. Nguyen

Filed: August 25, 2003

Group Art Unit: 2853

For: PRINTING APPARATUS

Date: November 19, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16	MINUS	20	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$44 \$88	\$0.00
Fee for Multiple Dependent claims \$150°/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,



Mark A. Williamson
Attorney for Applicants
Registration No. 33,628

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

MAW\nt

DC_MAIN 185250v1